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B. Release of Information

In order to bill Medicaid the school district must obtain consent from the student's legal guardian. There are three consent requirements:

- A statement on the Medicaid application
- A statement on the IEP
- A Release of Information form

EACH OF THE ABOVE ARE REQUIRED BEFORE BILLING CAN OCCUR.

MEDICAID APPLICATION (OBTAINED BY THE AGENCY OF HUMAN SERVICES)

The Medicaid application contains the following language in the Rights and Responsibilities section of the form. This consent is provided annually at the time of enrollment/reenrollment for Medicaid programs.

Consent to Bill Medicaid if Child Receives Special Education Services. I give permission to my child's school district to bill Medicaid for the specified services listed in his/her IEP. I understand that if I refuse consent, my refusal only affects Medicaid billing of IEP services; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to bill Medicaid for IEP services at any time; if I revoke this consent it will apply to billing for services from that date forward.

If a parent/guardian wishes to revoke consent on the Medicaid application, they should contact the Medicaid Coordinator at (802) 828-5111.

CONSENT ON IEP SERVICE PAGE

At the time of the IEP meeting, the case manager is required to read the following Medicaid consent paragraph to the parent/guardian. This consent is obtained when an IEP is written or amended.

As parent/guardian, I give permission___or do not give permission___ to the school district to bill Medicaid for the services listed above and to release necessary special education records to a physician/nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and individuals within the Department of Education and the Agency of Human Services charged with processing Medicaid bills for those services above that are also considered medical services under Vermont Medicaid rules. I understand that if I refuse to consent, my refusal does not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time; if I revoke this consent, it will apply to billing for services from that date forward.

The school district must review this provision with the parent/guardian and ask if they would like a check mark placed next to "I give permission" or "do not give permission".

RELEASE OF INFORMATION FORM

Before billing can occur the supervisory union needs to obtain a signed Release of Information form. This form allows the school district to release special education records so a physician can determine medical necessity and so that the Department of Education and Agency of Human

Services can process claim submissions. The Release of Information form is valid from the date that it is signed forward. A new Release of Information form would need to be obtained if the student's legal guardian changes, if the student's name changes or the original consent is revoked.

Supervisory unions have different processes for requesting Release of Information. Best practice is to have the case manager request the Release of Information form be signed at the time of the IEP meeting. No matter what process is used, the Release of Information form should remain generic so it can be used by another supervisory union if the student moves. The Department of Education has a pamphlet available which answers the common questions a legal guardian might have about the program (see Parent Brochure).

If a Release of Information form can not be obtained at the time of the IEP meeting, the legal guardian can be contacted in writing. A sample letter is included at the end of this section. If the supervisory union is not able to obtain a signed Release of Information form, services can not be billed to Medicaid.

INFORMATION THAT NEEDS TO BE MAINTAINED IN THE MEDICAID FILE

A copy of the Release of Information form and a copy of the IEP with the "I give permission" statement checked need to be maintained in the Medicaid file. The Medicaid enrollment/reenrollment application does not need to be maintained by the school district.

No Medicaid claims can be submitted or a Physician Authorization requested for a student until the Release of Information form and copy of the IEP with the "I give permission" statement are received. If both or either of these documents are missing, no claims can be submitted to Medicaid for this student.

The Department of Education recommends placing a "received date" stamp on the Release of Information form. This practice will alleviate questions if the signature date is missing or difficult to read.

This form only needs to be signed one time while the child is in the educational system unless the student's legal guardian changes. It is best practice to obtain a new Release of Information if the student has a name change. If the child transfers to a different supervisory union, copies of the student's Release of Information form and Physician Authorization form can be sent to the new supervisory union as part of the special education files.

If a supervisory union chooses to utilize a consulting physician to review/sign the Physician Authorization Form, this information should be included in the letter that is sent with the Release of Information form. Parents have the right to require that only their child's physician review the information. A sample letter can be found in this section.

18 YEAR OLD STUDENTS

When a student turns 18 they are considered their own legal guardian. In order to bill services received after the 18th birthday the student would need to sign a Release of Special Education Information—18 Year Old Student. A copy of the 18-Year-Old consent form can be found in this section.

If a student, 18 or older, has a court appointed legal guardian, that individual would need to sign a Release of Information form in order for services to be billed to Medicaid. A copy of the

guardianship papers are required to be in the student's Special Education file, not in the Medicaid file.

BLANKET RELEASE OF INFORMATION FOR STUDENTS IN THE CUSTODY OF DCF

The Commissioner of DCF (formerly SRS) has signed a consent for the release of information for any child in DCF custody. This form serves as consent for the period that a child is in DCF custody. However, the supervisory union needs to make sure that the student is in the custody of DCF (being a State-Placed student does not mean that the student is in DCF custody). The definition of State-Placed is that the student is placed by a State agency – not just DCF. **The blanket release only applies to students in DCF custody.** Students are no longer in DCF custody once they turn 18.

Once it is confirmed that the student is in DCF custody, the Medicaid clerk makes a copy of the blanket release for the student's Medicaid file. The student's name, date of birth, Medicaid ID number, and the date the form was placed in the student's file are added to the form. This will serve as the Release of Information form until the student is no longer in DCF custody. If the student leaves DCF custody, then a Release of Information form must be on file from the student's current legal guardian. The supervisory union needs to stop submitting Medicaid claims until the Release of Information form signed by the legal guardian is obtained.

JOINT CUSTODY

When requesting consent for a student in court ordered joint custody, a Release of Information form must be signed by each legal guardian before billing can occur.

FREQUENTLY ASKED QUESTIONS

What role does the educational surrogate have in the consent process?

Students who are in the custody of a State agency have an educational surrogate parent appointed to act as their parent during the special education process. The surrogate parent can sign the Release of Information form (although not always necessary as we have the blanket DCF letter). The surrogate would also review the Medicaid billing paragraph in the IEP.

When is a Release of Information form needed from a foster parent who is adopting the student?

Once the student is legally adopted, the adoptive parent must sign a Release of Information form in order for the supervisory union to submit Medicaid claims.

If the student, who previously had a signed Release of Information form, dropped out of school and then returns to school, is a new signed Release of Information form needed?

NO, unless the child's legal guardian has changed or the child's name changed.

If a student, at the age of 16, is considered an emancipated minor, can that student then sign the Release of Information form?

If a student has been appointed as an emancipated minor through the courts, the student must sign a Release of Information form.

How far back can I bill once I receive a signed Release of Information form?

If the individual signing the Release of Information form was the legal guardian, back billing can be submitted for any claim that is within the claim submission timely filing limit and on the current IEP.

Can I bill for a student if I have a signed Release of Information form on file, but the “I do not give permission” option is checked on the consent paragraph on the IEP?

No, billing can not be submitted when “I do not give permission” is checked on the IEP service page. The billing would stop as of the date of the IEP that has the “I do not give permission” option checked. The opposite also applies. If “I give permission” is checked, but there is no Release of Information form on file, billing can not be submitted until the Release of Information form is obtained.

If I have a Release of Information form on file that was signed prior to September 1, 2007 is that release still valid?

Yes, that release is valid unless the student has a change in guardianship or the student has a name change, at which time a new Release of Information form would need to be obtained.

If a student turns 18 and no longer has a legal guardian do they need to review the consent paragraph in the current IEP and choose “I give permission” or “do not give permission”?

No, the consent given by the parent/guardian at the time the IEP was written is still valid. If the IEP was amended after the student turns 18, they would then be the one to give or refuse consent. This also applies in situations where students are adopted or have a change in guardianship. The consent decision made by the previous guardian would be effective until there is a new IEP or amendment.

SAMPLE LEGAL GUARDIAN LETTER

(Use Your School District Letterhead)

(insert date)

(insert legal guardian's name)

(insert legal guardian's address)

Dear (insert legal guardian's name):

The Medicaid program will reimburse school districts for services provided to students on an Individualized Education Program (IEP) and enrolled in one of Vermont's Medicaid programs. With your consent we can bill the Medicaid program for some services included in your child's IEP. Please complete the attached Release of Information form indicating whether or not you will authorize the release of this billing information. We appreciate you returning this form regardless of your decision.

Allowing the school district to bill Medicaid for services outlined in your child's IEP will in no way affect your child's Medicaid benefits. When you give your consent, all information about your child will be kept confidential. If you choose not to give your consent, your child will continue to receive the same level of services required in the IEP. If you have other health insurance, as well as Medicaid, your other health insurance will not be billed for services provided by the school.

The funds the school receives from billing Medicaid will be used to provide additional programs for all students.

If you have any questions about this program, please call me (insert your name), at (insert phone number).

Thank you for your response.

Sincerely,

(insert name and title)

Enclosures: Release of Information form
Stamped and addressed envelope

SAMPLE LEGAL GUARDIAN LETTER

(Use Your School District Letterhead)

(insert date)

(insert legal guardian's name)

(insert legal guardian's address)

Dear (insert legal guardian's name):

The Medicaid program will reimburse school districts for services provided to students on an Individualized Education Program (IEP) and enrolled in one of Vermont's Medicaid programs. With your consent we can bill the Medicaid program for some services included in your child's IEP. Please complete the attached Release of Information form indicating whether or not you will authorize the release of this billing information. We appreciate you returning this form regardless of your decision.

Allowing the school district to bill Medicaid for services outlined in your child's IEP will in no way affect your child's Medicaid benefits. When you give your consent, all information about your child will be kept confidential. If you choose not to give your consent, your child will continue to receive the same level of services required in the IEP. If you have other health insurance, as well as Medicaid, your other health insurance will not be billed for services provided by the school.

A physician's review is required before services can be billed to Medicaid. The (insert school name) utilizes the services of a contracted physician to review information for Medicaid billing purposes. If you would prefer that only your child's physician review his/her records, please place a note on the Release of Information form.

The funds the school receives from billing Medicaid will be used to provide additional programs for all students.

If you have any questions about this program, please call me (insert your name), at (insert phone number).

Thank you for your response.

Sincerely,

(insert name and title)

Enclosures: Release of Information form
Stamped and addressed envelope

**Release of Special Education Information for
Medicaid Billing Purposes**

Student's Name: Jimmy Jones

Student's Date of Birth: 1/1/1998

Student's Medicaid Number (optional): 555-55-5555

Parent/Guardian: _____

Student's Physician's name: Dr. Jay Johnson

Physician's Address: 11 Main Street
Montpelier, VT 05601

Physician's phone number: 555-5555

I give consent to my child's school district for the release of special education evaluations, IEPs, and Medicaid claims documents to:

- ☐ **A physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and**
- ☐ **Individuals within the Department of Education and Agency of Human Services (AHS) charged with processing Medicaid bills for medical services included in my child's IEP.**

The school district will only release the records essential for billing purposes and the above individuals will only review the documents necessary to perform their assigned tasks in the Medicaid billing process.

Consent to the release of information is voluntary. I understand that if I refuse to give consent, my refusal will only affect the billing for IEP services to Medicaid; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to release information for Medicaid billing at any time; if I revoke this consent it will apply to billing for services from that date forward.

Check one:

- X **I authorize** the school district to release this information.
 I do not authorize the school district to release this information.

Signature of Legal Guardian: Thomas Jones Sr. **Date:** 9/5/07

***NOTE--If the child is in joint custody at the time the form is requested, each legal guardian needs to sign a form before billing can occur.**

Revised: September 1, 2007 **Date Received by Supervisory Union:** _____

**Release of Special Education Information for
Medicaid Billing Purposes**

Student's Name: _____

Student's Date of Birth: _____

Student's Medicaid Number (optional): _____

Parent/Guardian: _____

Student's Physician's name: _____

Physician's Address: _____

Physician's phone number: _____

I give consent to my child's school district for the release of special education evaluations, IEPs, and Medicaid claims documents to:

- ☐ **A physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and**
- ☐ **Individuals within the Department of Education and the Agency of Human Services (AHS) charged with processing Medicaid bills for medical services included in my child's IEP.**

The school district will only release the records essential for billing purposes and the above individuals will only review the documents necessary to perform their assigned tasks in the Medicaid billing process.

Consent to the release of information is voluntary. I understand that if I refuse to give consent, my refusal will only affect the **billing** for IEP medical services to Medicaid; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to release information for Medicaid billing at any time; if I revoke this consent, it will apply to billing for services from that date forward.

Check one:

_____ I **authorize** the school district to release this information.

_____ I **do not authorize** the school district to release this information.

Signature of Legal Guardian: _____ Date: _____

*NOTE--If the child is in joint custody at the time the form is requested, each legal guardian needs to sign a form before billing can occur.

**Release of Special Education Information for
Medicaid Billing Purposes--18 Year Old Student**

Name: _____

Date of Birth: _____

Medicaid Number (optional): _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

I give consent to my school district for the release of special education evaluations, IEPs, and Medicaid claims documents to:

- ☐ **A physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; and**
- ☐ **Individuals within the Department of Education and the Agency of Human Services (AHS) charged with processing Medicaid bills for medical services included in my IEP.**

The school district will only release the records essential for billing purposes and the above individuals will only review the documents necessary to perform their assigned tasks in the Medicaid billing process.

Consent to the release of information is voluntary. I understand that if I refuse to give consent, my refusal will only affect the **billing** for IEP medical services to Medicaid; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to release information for Medicaid billing at any time; if I revoke this consent, it will apply to billing for services from that date forward.

Check one:

_____ **I authorize** the school district to release this information.

_____ **I do not authorize** the school district to release this information.

Signature: _____ **Date:** _____